

Patient Portal Access Form for Authorized Representatives For Patients Ages Newborn to 13 Years.



Patient Name: _____ Birth Date ____/____/____ Sex: M F

Parent or Legal Guardian Name: _____

ACCESS TYPE	WHAT IS REQUIRED
<input type="checkbox"/> Your minor child (age 0 to 13 years)	Signature of Parent Below

PARENT OR LEGAL GUARDIAN REQUESTING ACCESS

Name: _____ Birth Date ____/____/____

Address: _____

Phone: _____ Email: _____

Relationship to minor child: Parent Legal Guardian (court papers must be provided)

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form and the policies regarding the patient portal and those that appear at login. I understand the risks associated with online communications between my provider and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, and agree to the Patient Portal Terms and Conditions located on the PATIENT PORTAL tab and the FORMS AND POLICY tab of our website, www.meadvillepediatrics.com, as well as any other instructions that my provider may impose to communicate with parents via online communications. I understand the portal access is intended as a secure online source of confidential medical information. If I share the portal username and password with any other person, that person may be able to view my or my child's health information and health information about any other person who has authorized me as a portal proxy. I agree that it is my responsibility to select a confidential password, protect my password and to change my password if I believe it may have been compromised in any way. I understand that the patient portal is an optional service and that Meadville Pediatrics reserves the right to suspend or terminate it at any time and for any reason. I understand and agree with the information that I have been provided.

Parent/Legal Guardian Signature: _____

Relationship to patient: _____ Date: _____

FOR INTERNAL USE ONLY

- Reviewed and verified form. _____ initials
- Reviewed and verified Authorization Form and Disclosure for Access type 2 _____ initials
- Authorized Representative account activated in Medent and code given to parent/guardian _____ initials
- Scan forms into Medent _____ initials